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CONFIRMATION NO. 1858

|  |   |                                   |  |  |                                    |
|--|---|-----------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/775,169   | <b>FILING OR 371(c)<br/>DATE</b><br>02/11/2004<br><b>RULE</b>   | <b>CLASS</b><br>435               | <b>GROUP ART UNIT</b><br>1634  | <b>ATTORNEY<br/>DOCKET NO.</b><br>31896-013000 |                                    |
| <b>APPLICANTS</b><br>Michael E. Burczynski, Swampscott, MA;<br>Natalie C. Twine, Goffstown, NH;<br>Andrew J. Dorner, Lexington, MA;<br>William L. Trepicchio, Andover, MA;   |   |                                   |  |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/446,133 02/11/2003<br>and claims benefit of 60/459,782 04/03/2003<br>and claims benefit of 60/538,246 01/23/2004  |   |                                   |  |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                   |  |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/01/2004</b>   |   |                                   |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR<br/>COUNTRY</b><br>MA | <b>SHEETS<br/>DRAWING</b><br>0   | <b>TOTAL<br/>CLAIMS</b><br>20                  | <b>INDEPENDENT<br/>CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>22204  |   |                                   |  |  |                                    |
| <b>TITLE</b><br>Methods for monitoring drug activities in vivo   |   |                                   |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>942  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |